

STATE OF HAWAII APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

DEPARTMENT OF TRANSPORTATION
 Human Resources,
 869 Punchbowl Street, 5th Floor
 Honolulu, Hawaii 96813



FOR OFFICIAL USE ONLY
 DEPARTMENTAL PERSONNEL STAFF
 TO SELECT CATEGORY.

- Exempt TAOL
 89 Day _____

RECEIVED DATE/TIME STAMP

GENERAL INSTRUCTIONS TO APPLICANT: Please type or print legibly in blue or black ink.

The information you provide will be used to determine whether you qualify for the job(s), for which you are applying.

- Your entire application and attachments (if any) must be received only at the Personnel Office above.
- This application form is to be used for non-civil service appointments.
- Before applying, read the position requirements described in the **Announcement** carefully to determine if you qualify for the position.
- Any additional required forms described in the **Announcement** can be obtained from this office.
- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, addresses, telephone numbers or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own record.
- The information you submit on this form may be verified.
- The information on pages 1 and 2 will not be released to persons involved in the appointment process.

The State of Hawaii is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

1. _____
 POSITION TITLE APPLYING FOR

2. _____
 RECRUITMENT NUMBER or POSITION NUMBER

3. NAME:

 Last First Middle

OTHER NAMES USED OR FORMER

4. LAST NAME: _____

MAILING

5. ADDRESS: _____
 P.O. Box or Number and Street

_____ City State Zip Code

E-MAIL

6. ADDRESS: _____

PHONE

7. NUMBER: _____
 Home Other

8. WORK AUTHORIZATION

A. Are you legally authorized to work in the United States? Yes No

B. Will you now or in the future require sponsorship by the State of Hawaii for employment visa status (e.g. H-1B visa status)? Yes No

9. NOTICE OF "AT WILL" EMPLOYMENT

The job you are applying for is temporary in nature. Therefore, if appointed to the position, your employment will be considered to be "At Will," which means that you may be discharged from your employment at the prerogative of the department head or designee at any time.

CERTIFICATE OF APPLICANT

I have been informed and understand that this application is for consideration of a job that is temporary in duration, has limited or no benefits, and employment, if offered, is only on an "At Will" basis. I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawaii. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

_____ Date _____ Original Signature of Applicant

STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

The information on pages 1 and 2 will not be released to persons involved in the appointment process.

Information requested in items 10 through 19 is needed to make determinations on your suitability for employment. Dismissals from employment or dishonorable separations from military service do not automatically disqualify you from employment. The circumstances of each individual case will be evaluated against the requirements of the position for which you have applied, to determine suitability for employment.

10. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past five years, were you:

A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment?..... YES..... NO

B) Separated from military service under conditions other than honorable? YES..... NO

(If you answer "Yes" to question 10A or 10B, please explain in detail in item #11 below, the dates and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

11. _____

12. WITHIN THE PAST THREE (3) YEARS, HAVE YOU BEEN CONVICTED OF ANY OFFENSE RELATED TO CONTROLLED SUBSTANCES? YES..... NO

(If you answer "Yes" to the above question, please explain in detail in item #13 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

13. _____

14. HAVE YOU EVER BEEN CONVICTED OF ANY ACT, ATTEMPT OR CONSPIRACY TO OVERTHROW THE STATE OR FEDERAL GOVERNMENT BY FORCE OR VIOLENCE? YES..... NO

(If you answer "Yes" to the above question, please explain in detail in item #15 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

15. _____

16. SUSPENSION OR REVOCATION OF LICENSE

Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked? YES..... NO

(If you answer "Yes," please explain in detail in item #17 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

17. _____

18. SETTLEMENTS OR AGREEMENTS

Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program or are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawai'i? YES..... NO

(If you answer "Yes," to question 18, please explain in detail in item #19 below, the reason and date of your settlement or restriction from applying with the State of Hawai'i.)

19. _____

**STATE OF HAWAII
APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT**

FOR OFFICIAL USE ONLY

DEPARTMENTAL PERSONNEL
STAFF TO SELECT CATEGORY

Exempt TAOL
 89 Day _____

1. POSITION TITLE APPLYING FOR: _____
2. RECRUITMENT NUMBER or POSITION NUMBER: _____

As required by federal and/or state laws, we do not discriminate on the basis of age, sex (including gender identity or expression), religion, race, color, ancestry, national origin, disability, marital status, veteran's status, sexual orientation, arrest and court record, citizenship, genetic information or any other protected characteristic. The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

3. NAME: _____
Last First Middle
4. OTHER NAMES USED OR FORMER LAST NAME: _____
5. E-MAIL ADDRESS: _____
6. MAILING ADDRESS: _____
P.O. Box or Number and Street
City State Zip Code
7. PHONE NO.: _____
Home Other

8. EDUCATION HISTORY: When verification is required, the documentation must be submitted at the time of the application. If not, you may not receive credit for the training and/or your application may be considered incomplete and rejected. The information you provide in this section will be used strictly in the evaluation of your qualifications for the position(s) for which you are applying. The information you submit on this form may be verified.

DO NOT WRITE IN THIS SPACE

A. NAME AND LOCATION (city and state) of last grade school attended: (elementary, intermediate or high school)
(School name/type) _____ (City/State/Country) _____
Did you graduate? Yes No If no, what grade level did you complete? _____
Did you receive a GED? Yes No

B. TRAINING: In-service training, business, trade, armed forces, college or university, graduate of professional schools.

NAME & ADDRESS	Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received
		Semester	Quarter	

9. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS

A. DRIVER'S LICENSE: Yes, I have a valid driver's license or I am able to obtain a valid driver's license by the time of appointment.
 No, I do not have a driver's license and/or I am not interested in being considered for positions which require a driver's license.

B. OTHER LICENSES OR CERTIFICATES: Please indicate the kind, registration number, and the State or other licensing authority. *If proof of evidence is required, please submit a photocopy or present for verification.*

C. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH: List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.

LANGUAGE	SPEAK	READ	WRITE

D. SPECIAL QUALIFICATIONS: Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.

EDUCATION AND EMPLOYMENT HISTORY
STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

10. EXPERIENCE: Please type or print legibly in ink. Begin with your present or last employment/training and work backwards. Describe all employment/training, including military service and volunteer work. Use separate blocks if your duties and responsibilities changed while working for the same employer. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and job duties of employees you supervised. If more space is needed provide the information on a blank sheet titled "Experience" and attach it to this form. Information you submit on this form may be verified.

Do not submit a resume in place of completing this page.

Your Present or Last Position	Employer _____ Address _____	From: _____ Month Year
	Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____	To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> PartTime <input type="checkbox"/> Volunteer
	_____	Average hours worked per week _____
	_____	Reason(s) for leaving _____
Do you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	_____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer _____ Address _____	From: _____ Month Year	
Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____	To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> PartTime <input type="checkbox"/> Volunteer	
_____	Average hours worked per week _____	
_____	Reason(s) for leaving _____	
Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	_____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer _____ Address _____	From: _____ Month Year	
Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____	To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> PartTime <input type="checkbox"/> Volunteer	
_____	Average hours worked per week _____	
_____	Reason(s) for leaving _____	
Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	_____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer _____ Address _____	From: _____ Month Year	
Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____	To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer	
_____	Average hours worked per week _____	
_____	Reason(s) for leaving _____	
Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	_____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

State of Hawaii
Department of Human Resources Development
Student Intern Program
VERIFICATION OF ENROLLMENT

PART A. INSTRUCTIONS:

Students: Please complete Part B and deliver this form to your college or school Dean (or his/her designee, or advisor) to certify the requested information pertaining to your student status.

University officials: Upon completion and certification of the requested information in Part C, please mail this form to the Personnel Officer of the following agency:

Department of Transportation, Personnel Office, 869 Punchbowl Street, 5th Floor, Honolulu, HI 96813

(Name of State Department and mailing address)

PART B. STUDENTS: Please provide the following information:

TO: _____
(Name of University, College or School, e.g., UH-Manoa, College of Business or School of TIM, etc.)

(Address)

FROM: _____
(Print name of Student - first, middle initial(s), last) ID No. or Last 4 digits of SSN

I hereby authorize you to release the following information regarding my student status and academic standing/progress to the State of Hawaii Department of Transportation, Highways Division.

Signature of Student Date

Student's mailing address: _____

Student's email address: _____ Phone number: _____

PART C. COLLEGE OR SCHOOL OFFICIALS: Please provide the following information:

The following information pertains to the current academic term: Spring Summer Fall Year: _____

Enrollment Status: Full-time Part-time Other: _____

Number of credits carried this academic term: _____

Total number of credits completed at end of last academic term: _____

Current academic standing: Junior Senior Other: _____

Declared Major: _____

Grade Point Average (at end of last completed academic term): Cumulative: _____ In major: _____

I hereby certify that the above information is accurate.

Signature of Authorized College or School Official Date

(Print Name of Authorized Official and Title)

(Print Name of University College or School)

Email Address: _____ Phone No.: _____

Mailing Address: _____

**STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION**

Rev. 1/17/06

It is the Department of Transportation's policy that an immediate family member of any current employee is restricted from being hired by the same division as a Student Helper/Intern, Janitor II, General Laborer I, Groundskeeper I, or as a non-civil service appointee.

In order to comply with the policy, applicants for non-civil service appointments, Student Helper/Intern, or any of the entry-level jobs mentioned previously, are required to declare whether immediate family members are currently employed with the department, and where (division) they are employed.

Please complete the following question:

Do you have any immediate family member(s) employed in the Department of Transportation? Immediate family member is defined as an employee's parent sibling, spouse, child, or an individual who became a member of the employee's immediate family through the Hawaii "Hanai" custom or a step relationship.

Yes

No

If you answered "Yes", please complete the following:

Name(s) of Immediate Family Member	Relationship to you	Which Division within DOT	
		Airports	Harbors
		Highways	Administration
		Airports	Harbors
		Highways	Administration
		Airports	Harbors
		Highways	Administration
		Airports	Harbors
		Highways	Administration

Applicant's Name (print)

Applicant's Signature

Date

**STATE OF HAWAII
CERTIFICATE OF STUDENT STATUS FOR EMPLOYMENT
AS A STUDENT HELPER OR FOR STUDENT INTERNSHIP**

I. For **Student Helper** positions other than those under the State Summer Program and Student Interns.

A. I certify that I am enrolled in an educational institution on a full-time basis.

B. If, during my period of employment, I cease to be a student (through graduation or for other reasons), I will so inform my employer. I understand that if I am not eligible to continue as a student helper, I will be terminated from the student helper job.

Print Name

Signature

Date

II. For **Student Intern** Applicants Only:

(Please check appropriate box and fill in appropriate blanks)

A. I certify that I am enrolled in an educational institution on:

- a full-time basis
 a less than full-time basis,

and that one of the following apply:

1. My internship is required in order that I may meet the requirements for a degree in _____ at _____.

(Name of Educational Institution)

2. My internship is required in order that I may meet the requirements of my scholarship or fellowship from _____.

3. My internship is part of a course requirement and I will obtain academic credit for satisfactory completion from _____.

(Name of Educational Institution)

B. If, during my period of employment, I cease to be a student intern (through graduation or for other reasons), I will so inform my employer. I understand that if I am not eligible to continue as a student intern, I will be terminated from the student internship.

Print Name

Signature

Date